

Reporting Physician/Nurse Hospital/Clinic		Name		Phone	
		Address		City Zip Code	
Patient Information		Name (Last, First, MI)		Phone	
		Address		City County Zip Code	
Birth date ____/____/____ (M/D/Y)		*Age ____ (Unk = 999)		Race ____ N Native American/Alaska Native W White A Asian/Pacific Islander O Other B African American U Unk	
				Ethnicity____ H Hispanic N Non Hispanic U Unknown	
				Sex____ M Male F Female U Unknown	
Onset Date of Event ____/____/____ (M/D/Y)		Date of Report ____/____/____ (M/D/Y)		Indigenous____ 1 Indigenous (acquired in USA reporting state) or Imported 2 International (acquired outside USA) 3 Out of State (acquired in USA outside reporting state) 9 Unknown	
				Case ____ 1. Confirmed Status 9. Unknown	
Clinical Data/History (y=yes, n=no, u=unk)		Year of tetanus onset _____		Occupation_____ History of Military-National Guard service ____ Y N U Year of entry into Military or National Guard _____	
Tetanus toxoid history prior to tetanus disease (EXCLUDE doses received since acute injury) _____ 0 Never 1 1 dose 2 2 doses 3 3 doses 4 4+ doses 9 Unknown		Years since last dose _____ (99 unknown)		Acute wound identified ____ Y N U Date wound occurred ____/____/____ (M/D/Y) Principal anatomic site _____ 1 Head 4 Lower extremity 2 Trunk 9 Unspecified 3 Upper extremity	
				Work related? ____ Y N U	
Environment ____ 1 Home *Circumstances_____ 2 Other (indoors) (Describe in detail) 3 Farm/Yard 4 Automobile 5 Other outdoors 9 Unknown [Use space for details if needed]				Principal wound type ____ 1 Puncture 6 Avulsion 2 Stellate laceration 7 Burn 3 Linear laceration 8 Frostbite 4 Crush 9 Compound fracture 5 Abrasion 10 Other 99 Unknown	
*Wound contaminated? ____ Y N U		Depth of wound ____ 1 1 cm. or less 2 More than 1 cm. 9 Unknown		Signs of infection ____ Y N U Devitalized, ischemic or denervated tissue present ____ Y N U	
Medical Care Prior To Illness Onset		Was medical care obtained for this acute injury ? ____ Y N U		Tetanus toxoid (TT) administered before tetanus onset ____ Y N U If yes, TT given how soon after injury _____ 1 < 6 hrs 4 5-9 days 9 Unknown 2 7-23 hrs 5 10-14 days 3 1-4 days 6 15+ days	

Wound debrided before tetanus onset ____ Y N U If yes, debrided how soon after injury _____ 1 < 6 hrs 2 7-23 hrs 3 1-4 days 4 5-9 days 5 10-14 days 6 15+ days 9 Unknown	Tetanus Immune Globulin (TIG) prophylaxis received before tetanus onset? ____ If yes, TIG given how soon after injury? _____ Y N U 1 < 6 hrs 2 7-23 hrs 3 1-4 days Dosage (units) _____ (999 unk) 4 5-9 days 5 10-14 days 6 15+ days 9 Unknown			
Associated condition (if no acute injury) _____ 1 Abscess 5 Cellulitis 2 Ulcer 6 Other infection 3 Blister 9 None 4 Gangrene				
Describe condition _____				
Course of Tetanus Disease	Type of tetanus disease _____ 1 Generalized 2 Localized 3 Cephalic 4 Unknown	Days hospitalized _____ (999 unk)		
	TIG therapy given? ____ Y N U If yes, how soon after illness onset? _____ 1 < 6 hrs 5 10-14 days 2 7-23 days 6 15 + days 3 1-4 days 9 Unknown 4 5-9 days	Days in ICU _____ (999 unk)		
	Total dosage (in units) _____	Days received mechanical ventilation _____ (999 unk)		
	Outcome one month after onset _____ R Recovered C Convalescing D Died	If died, date expired ____ / ____ / ____ (M/D/Y)		
	_____	_____		
Neonatal Patients (under 28 days old)		Mother's age in years _____ (99 unk)	Mother's birth date ____ / ____ / ____ (M/D/Y)	*Date of mother's arrival in U.S. ____ / ____ / ____ (M/D/Y)
Mother's tetanus toxoid (TT) history PRIOR to child's disease _____ (known doses only) 1 < 6 hrs 5 10-14 days 2 7-23 hrs 6 15 + days 3 1-4 days 9 Unknown 4 5-9 days Years since mother's last TT dose _____ (99 unk)		Child's birthplace _____ 1 Hospital 2 Home 3 Other 9 Unknown	Birth attendant(s) ____ 1 Physician 2 Nurse 3 Licensed Midwife 4 Unlicensed Midwife 5 Other 9 Unknown	Other birth attendant(s) (if not previously listed) _____ Other comments? ____ Y or N

REPORT SUBMITTED BY

Reporter's Name _____

Title _____

Institution _____

*Notes

Age _____ Age of patient at illness onset in no. of years, months, weeks, or days

Circumstances _____ For example, "stepped on a nail in basement".

Contaminated Wound _____ Contaminated with dirt, feces, soil, saliva, etc.

Date of mother's arrival in U.S. _____ If mother out of the U.S. at any time during her pregnancy.